

Exhibit of death certificate in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34737

OCT 19 1948

Primary Registration District No. 5272

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Christian
(b) City or town Billings, Mo. Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Life (Specify whether
In this community: Life years, months or days)

3. (a) PRINT FULL NAME John Henry Schaefer
3. (b) If veteran no 3. (c) Social Security name war no No. no

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive 20 years (Month) (Day) (Year) 1879

8. AGE: Years 64 Months 5 Days 18 If less than one day hr. min.

9. Birthplace Baldwin Randolph Co. Ill (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business
12. Name Erang Schaefer Jr.
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Rosalie Billings
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Amelia Schaefer
(b) Address Billings, Mo. 2. Mo
17. (a) Burial (b) Date thereof Aug 10-43 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Joseph Cemetery
18. (a) Signature of funeral director A. S. Wallace
(b) Address Billings, Missouri
19. (a) Aug 9-43 (b) Mary T. Spear (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Christian
(c) City or town Billings, Mo (If outside city or town limits, write "RURAL")
(d) Street No. 1-2 (If rural, give location)
(e) If foreign born, how long in U. S. A. Born in this country years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 8 year 1943 hour 5 minute 40 A.M.
21. I hereby certify that I attended the deceased from March 3, 1943 to July 23, 1943; that I last saw him alive on July 23, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis

Due to Paralysis agitans

Due to Chronic arthritis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations §7C
Of autopsy

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature P.W. Marshall (Specify type of place) (a) Means of injury 2
Address Billings, Mo. Date signed 9/4/43

RECEIVED
District Health Officer No. 6
District File Number 1043-1158
Date Filed OCT 13 1943

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me
working under my personal supervision.

Registered Apprentice No. For Wallace Funn
Signed C. T. Lloyd
Licensed Embalmer No. 35-2
P. O. Address Billings

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.